THE STUDY AND VALUE OF THERAPEUTICS.

A Paper read before the Medical Association of South Carolina by Geo. E. Trescot, M. D., Professor Mat. Med. and Therapeutics, in the Medical College of the State of South Carolina, at the Annual Meeting in Charleston, April, 1871.

Prof. Huxley in one of the articles published in his "Lay Sermons and Addresses," writes as follows: "Merchants occasionally go through a wholesome though troublesome and not always satisfactory process, which they term taking stock. After all the excitement of speculation, the pleasure of gain, and the pain of loss, the trader makes up his mind to face facts, and to learn the exact quantity and quality of his solid and reliable possessions. The man of science does well sometimes to imitate this procedure; and, forgetting for the time the importance of his own small winnings, to re-examine the common stock in trade, so that he may be sure how far the stock of bullion in the cellar, on the faith of whose existence so much paper has been circulating, is really the solid gold of truth."

I propose briefly to examine some of the most prominent grounds for our belief in the value of drugs, and some of the most current themes in regard to the manner in which they are supposed to act. I hope to prove that in any case, the two important factors of successful treatment are these: the general information derived from study, and the ability of the physician to adapt that information to the case before him.

The day has long passed when we look to "an hexameter from the Iliad to allay the gout, or rheumatism to yield to a verse from Lamentations;" but it cannot be denied that we find physicians, even at the present time, who treat disease on grounds as irrational as our rude forefathers, and who, when pressed to the wall can give no reason for the faith that is in them. The successful treatment of disease should be the earnest desire of every conscientious physician, not only because it is demanded by those who submit themselves to our care, but also that we may each contribute what we can to advance our profession. The study of medicine is a science, the practice of medicine is an art. When the physican stands

by the bedside of the sick his knowledge of Anatomy, Physiology and Pathology can be used only for his own information, what the sufferer demands is relief, and this he must give out of the abundance of his Therapeutical resources. If, when disease is presented to our view, it invariably followed a definite *known* law in all of its manifestations, and, if, when a particular drug was given it was invariably followed by the same results, the practice of medicine would be as accurate as a proposition in geometry. But this is not the case, and one of the hardest facts for a young practitioner to realize, is one of every day occurrence, namely, that the first time he finds himself face to face with any given disease, his case may differ materially from the typical description he has read and studied in his text book. A comprehensive knowledge of Therapeutics embraces every possible means for the relief and cure of disease—hygenic, dietetic and medicinal. Now in regard to the value of drugs, the question at once arises is there any drug whose nature, action and dose is sufficiently well known to warrant the assertion that if given in a certain diseased condition, the administration of that drug will tend to the relief and cure of that condition, if an affirmative answer could not be given, there would at once cease all need of special medical education and training? From the time when John of Gaddysden treated a Royal Prince of England, for small pox, by putting him on a red bed surrounded with red curtains, and giving him red medicine to drink, to the day when Professor Bennet, of Edinburgh, announced to the profession that there were but fifteen medicines which were good for anything, the revolutions in the teachings of Therapeutics has been many, and I can truly say, it is only of late that well directed efforts have been made to advance this most important study. It has been the habit with many of late years, even whilst using medicines, to sneer at their value.

The brilliant advance of Physiology and Pathology teaching us with stronger emphasis day by day, that many morbid conditions will tend to recover without medication, has been used to deny utterly the power exercised by many of the most valuable articles of the Materia Medica. Medical men have allowed themselves to be misled by dazzling theory, consequently ignoring well sustained facts, but the reaction has commenced, and in the words of another, "this loss of faith in Therapeutics has been deplored by men, who, like Sir Thomas Watson and Dr. Copland, have made themselves deservedly famous as skilful practitioners. Others who

are still bearing the full burden of professional labor, like Dr. Wilks, Dr. Sieveking and Dr. Fuller, have given expressions to similar opinions, and I wish this enlarged edition to be taken as my solemn protest against the disparagement of a large amount of Therapeutical wisdom which has been handed down to us for our guidance in the treatment of disease, from one generation of medical observers to another."

The skilful operation of the surgeon, and the prompt relief given by the dexterous accoucheur, strike the beholders with wonder and inspire them with faith, while the silent reasoning of the physician savors of doubt and the necessarily uncertain answers which must often be given to useless questions are taken for so many indications of ignorance. But I am sure that the physician who calms an excited brain, quiets a throbbing heart, or relieves a congested lung, does as much to ward off the tendency to death as the surgeon who ligates a bleeding vessel, and raises a depressed bone, or he who by the timely application of the forceps saves the mother's strength. Let me now ask this direct question: Why is it that we find physicians of equal ability and experience differ so widely in regard to the value of a particular medicine in some particular ailment? I think a satisfactory answer can be found in this fact—that in most morbid states one of the following conditions exist: "A." The disease remaining for sometime undetected, when first recognized has reached that stage where repair is impossible. "B." The disease has a natural tendency to terminate in health. "C." The drug used in treatment has so little influence on the system, as neither on the one hand to interfere with the tendency to health, or on the other to aggravate the tendency to death. In many cases of phthisis, Bright's disease, diabetes, affections of the brain and spinal cord we have examples of the first; in pneumonia, typoid fever, many cases of the eruptive fevers, and in a large number of functional derangements we have examples of the second. In the treatment of rheumatism by mint water, and typoid fever by small doses of chlorate potassæ or the sulphites, we have examples of the second and third combined. M. Paget has remarked that the human body was made for the storms of life as well as for its calms; this great truth, I conceive, lies at the very foundation of all successful practice, and if neglected will make us either blind routinists or wondering vaccillating practitioners.

The first point which we should attempt to determine is this: How far can we go in the investigation of disease, and

to what extent can we lay down laws for the operations of those agents we use to control and overcome disease? The antagonistic schools can be well seen by the following quotations. Dr. Anstie writes: "So long as we persist in assuming that the effects of medication are mysterious to us, not because we have not toiled long enough at physical science to understand them, but because they are produced through the agency of forces which are neither wholly physical nor wholly spiritual, so long shall we be incapable of real progress." Dr. Inman on the contrary writes: "The words vital force signify the living principle which exists in every organized being. It is the power which enables the eye to see, which a *camera obscura* cannot do; which converts inanimate matter into combinations that the chemist cannot imitate, which frames out of the same material various organs, each having a different function." It is not simply the result of a fortuitous concourse of atoms, for they may be present and no life be there. It is not nerve force, for that is dependent upon life, and a dead nerve is as powerless as a stone. It is not organization alone, for organs may be present, as in a corpse, where there is no life or vital force. It is a force completely *sui generis*, but one which, being more or less allied to physical forces, has its phenomena more or less modified thereby." Now this warfare between vital and physical, has ever been the great stumbling block in the way of medicine, I hold the doctrine that both views are, to a certain extent, true, and that we are absolutely forced to adopt the conclusion laid down by Herbert Spencer, in his "First Principles" of a "New System of Philosophy," that we must rest upon "this deepest, widest and most certain of all facts, that the power which the Universe manifests in us is utterly inscrutable" Dr. Gull, in his admirable address before the B. M. A., at the meeting held at Oxford, warned us in weighty words of the tendency to explain everything by physic and chemistry. "How often has medicine been thus diverted from her difficult path. A discovery in physics has made us for the moment no more than galvanic batteries, or a discovery in chemistry at another mere oxydizing machine; to-day, however, we go to bed-side work untrammelled by any exclusive theories, we must, therefore, refer our physiological difficulties to the physiologist, and our chemical theories to the chemist, and still admit that there remains an unlimited area of study for us in tracing the causes and relations, and in recognizing the presence of disease." The next important point to consider is the immense

value of clinical medicine in giving clear indications as to the true part taken by drugs in the cure of disease. It has been said by a thoughtless writer, that the only men who fear clinical medicine are the teachers of Materia Medica. I deny the accusation, and state most distinctly, that no branch of Medicine has been more advanced by clinical study than Therapeutics; for it has taught us these three facts: that in some cases we can give medicine with almost a certainty of success; in other cases, where recovery followed the most alarming symptoms, medicine had not the slightest agency in the result, and that in other cases, where death occurred, medicine could not have been beneficial.

Let me illustrate by some common examples: Take a person exposed to malarial influence and attacked with Remittent Fever, we give Quinine, and check those morbid conditions, which, if left to themselves, would destroy your patient. Now listen to the following (Rey. Sys. Med. Art. Soft. Brain): "A young lady, aged 22, in her first attack of acute rheumatism, marked by considerable swelling and redness of knees, wrists and ankles, and a recently developed systolic murmur at the base of her heart, received a visit from some friends, was excited in conversation, and had palpitation of the heart. A few minutes after her friends had left her she grew faint, looked pale, became unconscious, and remained so for two or three hours. At the end of that time she was confused, unable to utter any intelligible sentence, clipped her words, made some sounds which were quite inarticulate, and had marked right hemiplegia, the features being drawn to one side, the right arm completely, and the right leg incompletely paralysed. At the end of three days speech was perfect; at the end of a fortnight the hemiplegia had disappeared. The most rational interpretation of such a case is, that an embolus blocked up the left middle cerebral artery, and led to impaired nutrition of the brain, which equals the first stage of softening, but that owing to either the re-establishment of the circulation by the breaking up or removal of the embolus, or the establishment of the circulation in the collateral vessels the nutrition was restored."

Now, no one would say that in such a case, by the administration of drugs we could have cured the patient; but suppose some drug had been given, it would have been very easy to attribute the cure to the drug given. Take another example—a case reported in the Med. Times and Gazette by Dr. Habershon: "A patient, some years ago, was admitted,

under my care into Guy's Hospital for acute Pneumonia on the right side. The symptoms were well marked, and with the saline treatment he speedily convalesced, and was about to leave the Hospital; fatal symptoms, however, very unexpectedly came on, for, after a good night, and partaking of his usual breakfast, even assisting to clear away the breakfast-things, he told the nurse that he was faint, he sat down upon the edge of the bed, and in half an hour died; the lung was recovering, as we expected, and the pneumonic deposit in it had become nearly absorbed, but we found, what had not previously been ascertained, that he had recently suffered from acute gonorrhea; the veins at the base of the bladder were filled with adherent fibrin, and the illiac veins were in a similar state; a clot separated from these veins had been carried to the right ventricle, and the action of the heart had become so embarrassed as to cause speedy death." No one supposes that medicine could have relieved this condition. Now, I contend that every time a disease is proved to be what is called self-limiting, or that a condition exists over which medicine has no control, or again, that a given drug has no perceptible effect, either good or bad, in a given morbid condition, Therapeutics gains both positively and negatively. The important fact that clinical medicine is forcing upon us is this, "that the strength of modern Therapeutics lies in the clearer perception than formerly of the great truth, that diseases are but perverted life processes, and have for their natural history not only a beginning, but equally a period of culmination and decline."

The next important point to be considered is this, to what extent does the physiological action of our medicinal agents enable us to judge of these therapeutical indications. If we turn to Dr. Harley's recent work on "Old Vegetable Neurotis," we read: "The first effect of hemlock is a depression of the motor function, and its last is the complete obliteration of all muscular movement derived from the centro-spinal motor track." From this statement, it is clear that we should use conium with great success in certain convulsive disorders, but many who have used it found it to fail. Take a subject which, at the present time is exciting much interest—electricity. Dr. Reynolds writes as follows: "I want you to bear in mind certain points respecting the effects of the continuous current upon the limbs, according to the direction in which it is passed through the limbs, supposing I have the positive end of the battery connected with a person's left

hand, and the negative end connected with his right, the current passing from the positive to the negative pole goes up the person's left arm to the trunk of the body, and down the right arm to the machine again. In the arm in which the current is passing upwards the irritability of the muscle and nerve is gradually increased; in the other arm, in which the current is passing downwards, the irritability is gradually diminished. One arm will act more, the other less readily than in health. It may occur to you to ask, 'If that be the case, which current should I use to relieve pain and spasm?' All I have to say is, that so far as I have seen, it does not make the smallest difference; theoretically it should make a very great difference, but practically it makes none. I have seen pain or spasm relieved as much by the current in one direction as in the other."

I will now take the treatment of a few diseases as taught by prominent physicians of different countries, and hope to show by an analysis of such treatment, that the propositions I shall lay down at the conclusion of this paper, will hold good. I select four marked conditions of common occurrence: Typhoid Fever, Rheumatism, Tetanus and Delirium Tremens. I cannot, of course, go into any discussion of the different pathological views entertained of these diseases, except so far as they are brought forward to prove or disprove the value of some drug which has been strongly recommended in their treatment. And first, in regard to typhoid fever, any one who undertakes to treat this disease according to rules laid down by any one writer, never mind how great may be his ability or experience, will soon find, that to do so, is impossible; there has been as much sound reasoning, as much speculative theory, and as large an amount of practical experience brought to bear on this disease as any to which flesh is heir; again, I suppose there is amongst the intelligent, educated physicians of the present day, as much agreement as to the general principles upon which a case of typhoid fever should be treated, as upon any one point in medicine. But let the current medical literature of the day be examined, and we would suppose that the Therapeutics of typhoid fever was amongst the most complicated problems in medicine. Take the views in regard to alcoholic stimulants in typhoid fever, and where can you find more opposite views, held and taught by more accomplished physicians. And first, let me ask, is there any physician who will give or withhold alcohol, because he has become convinced that its

action in the human system is known and can be explained. Some few there may be, but the vast majority of practitioners come to the conclusion to use or not, alcohol, simply in consequence of the outward manifestations exhibited by their patient in regard to strength or debility, and trouble themselves as little about the theory of its action, as Prof. Huxley does, when asked about the politics of the man in the moon; now this may be wrong, it may be all the work of gross ignorance or lamentable indifference, but it is true. Let any one spend an hour with Dr. Anstie, at Westminster Hospital, and then walk to Guy's Hospital, and listen to a clinical lecture by Dr. Wilks, and unless he holds pretty firmly to the doctrine that there is "a soul of truth in things erroneous," he will certainly come to the conclusion that one of these two eminent physicians must be mistaken; but if he has reasoned on this subject, as all men should do on subjects which are dependent on various contingencies, he will learn that the profession owes a debt of gratitude to Dr. Anstie and Dr. Wilks, for they have taught us not by theory, but by large clinical experience, that in many cases of typhoid fever, there is no necessity to stimulate, while in other cases stimulants, judiciously administered, become very important factors in the recovery of the patient. Now, it may be said that this is one of those general conclusions which amounts to nothing, granted, but is not the general conclusion, that in a given number of cases of typhoid fever, some will require stimulants and some will not, a much safer and more reasonable guide to treatment than either of the special conclusions, that alcoholic stimulation is, or is not, essential to the treatment of this disease. What shall we say in regard to the use of mercury in typhoid fever; suppose two physicians standing by the bedside of a patient in consultation, one educated according to the doctrine of Prof. Wood, of Philadelphia, and the other fresh from Edinburgh, where he had seen the experiments of Prof. Bennet, in regard to the action of Mercury. The question comes up for consideration, whether in the case before them, a dose of calomel shall be given; the first point is this, is the mercury to be given for its specific action upon the liver or not. Dr. John Harley would say yes; why, because he believes, "if we carefully regard the insipient symptoms of enteric fever, we shall find that they have reference to derangement of the hepatic function, and consequently "with the view of arousing the liver to activity," he gives small doses of mercury for three or four days. Again, Wunder-

lich strongly recommends the use of calomel before the tenth day, why, according to Dr. Aitken, "to influence the elimination from the intestinal glands, by direct local action on the intestinal membrane." This statement is not altogether correct. Wunderlich, believes that calomel, in addition to whatever effect it may have upon the secretions, also reduces temperature. Neimeyer agrees with Wunderlich and tells us, "that in the great majority of cases where this remedy is given during the first week, and before the occurence of much diarrhœa, the course of the disease is rendered milder and shorter." Trousseau does not seem to place much reliance in calomel, except as a purgative. We have then calomel given for very different reasons by different physicians in typhoid fever, and we all know that there are physicians who do not give calomel at all in this disease; we are again driven to the general conclusion that no one can lay down any definite rule in regard to the use of mercury in this disease, and consequently the administration of mercury in typhoid fever, must be left to the individual tact and discrimination of each physician.

Turn to the index of Prof. Stille's great work on Therapeutics, or to Dr. Waring's "Practical Therapeutics," and look at the articles enumerated as useful in typoid fever, the one gives us a list of twenty articles, the other of fifty. What greater proof can we have that a disease may present the most variable aspects in addition to its regular features, and that no one line of treatment can possibly be correct.

If we turn from the Therapeutics of typhoid fever to that of rheumatism, we are met with a greater amount of contradictory statements. The treatment of rheumatism can be comprised under four heads—the opium, alkaline, elimination by blisters, and the let alone treatment—each having strong advocates. The most generally received views in regard to the pathology of the disease is that it is caused by an accumulation in the body of an excessive amount of acid. Now Dr. Fuller neutralizes this by alkalies, Dr. Herbert Davies eliminates by blisters, while Drs. Sutton and Gull let the superabundant acid find its way out by any road it pleases to take. The Medical Journals, for the last three years, have been full of the discussion in regard to the value of particular treatment in this disease. With very little trouble any one can, at this very moment, read the views held by a large number of English, Irish, French and German physicians; all he will have to do is to look into Braithwaite's Retrospect from 1867

to 1870, and Dr. Rogers' recent work. In regard then to this disease, as far as its pathology and treatment is concerned, most physicians will come to the same conclusion as those arrived at by Dr. Garrod and Prof. Bennet, that in the first place "the pathology of articular rheumatism must be allowed to be in a very unsettled state, and further observation and experiments are required before we can arrive at any satisfactory conclusion with regard to it;" and in the second place, that "our treatment of this disease, therefore, is purely empirical; sometimes directed against the pain, at others, against the supposed inflammation; now attempting to combat the pathological condition of the blood, then striving to remedy its effects by acting on the secretions, and not unfrequently giving specifics, in the hope that any change in the constitution, however produced, may be beneficial." Now is there anything in all this of which we should be ashamed? I unhesitatingly answer no; and we again arrive at a general conclusion, which is this: that the man most competent to treat rheumatism is he who believes that neither opium or alkalies, neither blister nor mint water can be relied upon to relieve and cure rheumatism, but that under certain circumstances each of them can be used. Delirium tremens is of common occurrence. To it we will now turn our attention. In the consideration of this disease we find the most opposite views, both in regard to its causes and treatment. Is it, or is it not, caused by the withdrawal of alcoholic stimulants; or does the man about to have an attack stop drinking simply because he is going to have an attack? Both sides of this question have been argued with much ability, and it has, after all, simply been decided that some cases come on when in the middle of a debauch, and that the sudden withdrawal of the alcohol has, in so many cases, been followed by no attack of delirium tremens, that we cannot look upon this withdrawal as a certain cause. The treatment of this disease at the present time may be considered as consisting in either the use of opium, digitalis, capsicum, choral, the joint exhibition of alcohol and opium, or the do nothing plan. Mr. Headland writes of opium: "In delirium tremens, and in all cases of delirium unattended with high fever, it may be said to be our sole reliance."

Dr. Waring says: "In delirium tremens opium is the sheet anchor, but discrimination is necessary in adjusting the dose combination, etc." Dr. Aitken tells us that "the two most fatal errors that can be committed in the treatment of delirium

tremens, are either to bleed the patient or to give him opiate." Dr. Anstie writes that in former times "the production of continuous sleep for several hours was the sole and all-important means of cure; it was, therefore, the custom to ply the patients with larger and larger successive doses of opium, with the view of drowning the delirium in narcotic stupor. Great mischief arose from this wide-spread belief and practice." Again, Mr. Jones, of Jersey, strongly recommends digitalis. Dr. Fraser states that all the cases he saw, in which digitalis was used, were unsuccessful. Dr. McCrea believes in leeches. Dr. Salter put his faith in sedatives, aided by stimulants, but above everything else food. Dr. Maclean "does not allow the blood of a patient, already poisoned by alcohol, to be still further charged by the use of stimulants;" and so we might go on in regard to choral capsicum, and, in fact, every drug used in the disease; but what does it all amount to? Another general conclusion that delirium tremens cannot be treated by one definite rule. "Dr. Murchison advocates no special rule, his mode of treatment depending upon the individual character of the case;" and what better advice can be given than in the words of Dr. Handfield Jones: "From the above exposition, it must appear how necessary it is to exercise a sound discrimination in treating a case of delirium tremens, and how injurious any mere routine proceeding is likely to be." We come, finally, to the Therapeutics of tetanus. Most physicians when called to see a case, either of typhoid fever, delirium tremens, or rheumatism in a person of previous good health, feel that in regard to the prognosis, they have everything to hope for a favorable termination; it is very different with tetanus, the mere mention of this terrible disease fills us with alarm, and until the case we have on hand is thoroughly convalescent, we have not a moment's ease." In regard to the mortality of tetanus, we have the awful record of Dr. O'Beirne, who saw two hundred cases without one recovery. We have Mr. Poland's statement: "Taking all forms together, in a fair average number of cases, the proportion seems to be seven deaths to one recovery." On the other hand, we have Mr. Curling, who says: "In those cases in which the access is slow, the spasms by no means violent, and where the patient can obtain sleep, whether traumatic or not, we may, generally, anticipate a favorable result." Dr. Eben Watson, gives us thirty-three cases treated by Busch and Demme, with fourteen recoveries and nineteen deaths; and ten of his own cases, four recoveries and six

deaths. Again, in regard to the pathology of this disease, we have those who believe it to be an essential reflex irritation of the spinal cord, while others hold it to be primarily a blood poisoning. Again, in regard to the cause, what a diversity of opinion; one thing, however, is very certain, it does not often follow a clean cut wound, and what a blessed comfort this must be to the surgeon. Mr. Poland's record in regard to this fact is very striking. Only one case out of one thousand three hundred and sixty-four followed the use of the sharp knife, while one out of fifty-five followed injury of the nerves from accident. We are compelled to agree with Sir Thos. Watson, when he tells us that whatever may be the different causes, "that a certain predisposition is, for the most part, necessary to render the body susceptible of the disease under the operation of the exciting cause."

What drug should we give in Tetanus? Turn to Stille and Waring, and we find nearly every letter in the alphabet, from Aconitum Napellus to Zinci Oxidum; turn to Sydney Ringer, and we find two drugs only. If we were now, instead of considering the treatment of individual disease, to consider the claim of individual remedies, I do not know what we could better do than subscribe to a dozen copies of Tilden's Journal. Let us suppose that in any given case a correct diagnosis has been made, and we had determined to give a medicine which in similar cases has apparently been of much benefit, can we explain how this beneficial action is brought about. Quinine, in Intermittent Fever, comes as near a specific as any article in the Materia Medica. Now, how does it act? Some tell us through the blood, others say that it is by its influence on the nervous system. If there are any two recognized authorities on Therapeutics in America, Profs. Wood and Stille certainly must be named. Prof. Wood tells us: "The inferences deducible from these facts are, in the first place, that Peruvian bark acts on the system through the medium of the circulation; and, secondly, that its action is dynamic, that is, upon the vital properties of the parts affected, and not through any chemical combination with the tissues, which would otherwise retain the alkaloid." Prof. Stille, with more reason gives us no explanation. Read the section on "Mode of action of Cenibona and its Salts," that is certainly no explanation of its action. It may be said that it is not fair, simply to take one portion of the chapter on Cinchona, and that if we carefully read all that he has said about its Therapeutical application, we will see in what man-

ner he supposes it to act. This is true to a certain extent; but surely, if there was any one way in which the action of Cinchona could have been explained, Prof. Stille would have said something definite about it when he came to explain the "Mode of Action of Cinchona and its Salts." Mr. Headland makes Quinine a "Restorative Hæmatic." Why, because Dr. Bence Jones says, "No imagination could have anticipated that a certain line of research would lead to the supposition that man and all animals possess, in every part of the body, the most characteristic peculiarity of the bark of the Cinchona trees of Peru." Dr. Handfield Jones, on the contrary, tells us that the power of Quinine over malarial diseases depends upon its influence on the cerebro-spinal and sympathetic systems, and that it is certain that it does not act as a chemical antidote to the malarial poison. Again, Prof. Wood and Dr. Billing contend that Digitalis is a sedative. It is needless to say that a large number of writers at the present day hold it to be a stimulant. From these opposite views comes an endless discussion as to when it must be given in Heart Disease, and when it must not be given. But it is needless to go on. Every physician who honestly endeavors to find out what has been written to explain the action of Medicine, knows what difficulties he has to contend against. And here let me say that the great value of Prof. Stille's work on Therapeutics consists in the fact that it is so free from dogmatic assertion.

It may be asked if all is so confused and contradictory in Therapeutics, what good can there be in any one taking the trouble to study the subject? When Dr. Rogers asks: "What is the cause of this absence of fixed principles in therapeutics," and when Dr. Ross says "it is a standing reproach to the therapeutics of the present day that it has no fixed principles," I conceive they both have erroneous ideas in regard to the manner in which the question of Therapeutics can be settled. They are both looking to the day when our medical knowledge will become so accurate that we will be able to account for all the phenomena of disease. Now I do not believe that day is ever coming, unless it be in the morning when Prof. Huxley has succeeded in artificially creating life. What I have said contains, I well know, nothing original. I have quoted largely from others, and in doing so have purposely confined myself to those whose writings are of easy access to all physicians. I submit, in conclusion, the following propositions. I repeat they contain nothing new

or original, and that most of them will be granted. What I wish my medical brethren of South Carolina to do is not simply to grant them, but to act upon them in their daily practice. I feel satisfied that if these views are faithfully carried out they would do much to banish the baneful influence of quackery, and the disgraceful effects of the "Black Art" amongst regular practitioners. They would also accomplish one great result for the junior members of our noble profession. It would teach them not to be dogmatic in respect to treatment when a patient recovers, and not to be unduly depressed when a patient dies.

1st. That in many diseases there is a natural tendency to recover, notwithstanding the most diverse modes of treatment, and even without any treatment at all.

2d. That in many diseases the organic changes, incompatable with life, begin so insiduously, and work so steadily and rapidly, that when detected we can do little or nothing for our patients.

3d. That in some few diseases we have found certain remedies which, in the vast majority of cases, act so beneficially that we are almost justified in using the expression—cured.

4th. That in some diseases the manifestation of functional derangements so far precede any radical organic change, that by controlling the functional derangements we can relieve the organ which is endangered.

5th. That in some organic diseases, whilst we know of no medicine by which we can restore the organ to its normal condition, we do know of medicines which can so far relieve the distressing effects of that organic disease as to warrant the assertion that the patient is entitled to our therapeutical art, for many years of life and many hours of ease and comfort.

6th. That in some few diseases we have, as yet, found no remedy which appears to offer any hope.

7th. That no physiological or chemical theory has yet been advanced, in regard to the remedial powers of any one drug, what has received the verdict of the profession—proved.

8th. That no one physician, however eminent his ability, or however large his experience, can lay down absolute rules for the treatment of any disease.

A distinguished author of the present day, writing on a subject entirely different from the one I have chosen for this paper, says: "No class of men is ever very far removed from the level of its own age." I would earnestly ask, are we, as practising physicians, on a level of our day in regard to the

which may modify the individual case before us, or do we simply get ourselves into the habit of looking upon certain symptoms, as invariably meaning a certain disease, and a certain disease invariably calling for certain remedies? It is much easier to do the one than the other; and, thanks to a merciful Providence, the ignorance or dogmatism of the physician is often undetected because the patient recovers. Neimeyer, in the preface to his great work, writes as follows: "This progress I attribute mainly to the fact that, of late years, medical explorers have recognized the only path by which therapeutical science can be advanced, and have followed it with brilliant results. My outspoken assertions of ten years ago have come true; I then denounced the error of postponing all medical treatment of disease, until our knowledge of the action of medicines, and our insight into processes, should be so far advanced, that means of cure would be very evident. I pronounced this ideal goad to be unattainable, and declared it idle to hope for a time when a medical prescription would be the simple resultant of a computation of known quantities. I lamented that physicians instead of striving to promote the healing art by their own efforts, should seek aid from the institutes of physiology and pathology, or from the laboratory of the chemist, obtaining now and then an injurious suggestion, but never gaining an idea serviceable in the relief of an afflicted fellow creature."

I hold that Neimeyer has erred as much in one extreme as men like Dr. Bence Jones and Mr. Headland have erred in the other, and that the true and only reasonable hope for successful practice must be based on the clear recognition and frank acknowledgment that Physiology and Pathology, the laboratory, and the carefully conducted experiment with drugs, are all but so many means for arriving at just conclusions in regard to the treatment of disease, and that he who ignores the one, or unduly exalts the other, will most assuredly misguide those who look to him for guidance. The man who, at the bed-side of the sick, puts on a grave face, and says, "you are very ill, but I will cure you," and the men who say, "in this disease so many will die, and so many recover, so I will

physician has to find out for himself, and in this consists the ability of the individual; the originality and tact of the physician lies in his power to adapt his general information to the special case before him. Let us then, each in his own immediate sphere, work for the common good of our profession; and let us all remember that any case we are called upon to treat must stand on its own merits. We live in an age of progress and ceaseless intellectual excitement; no men need more than we physicians, that calm, sound exercise of reason, making us hear patiently, think deeply, and act cautiously. As there are none so low as not to claim our sympathy, and none so high as not to need our help, so there is no disease so trifling that it may not end in death, and none so severe that we cannot do something to relieve.

The greatest of English poets, he whose sweet song has cheered so many drooping hearts, and whose noble philosophy has sustained so many faltering intellects, tells us—

> "Some turn this sickness yet might take
> Even yet. But he—what drug can make
> A withered palsy cease to shake."


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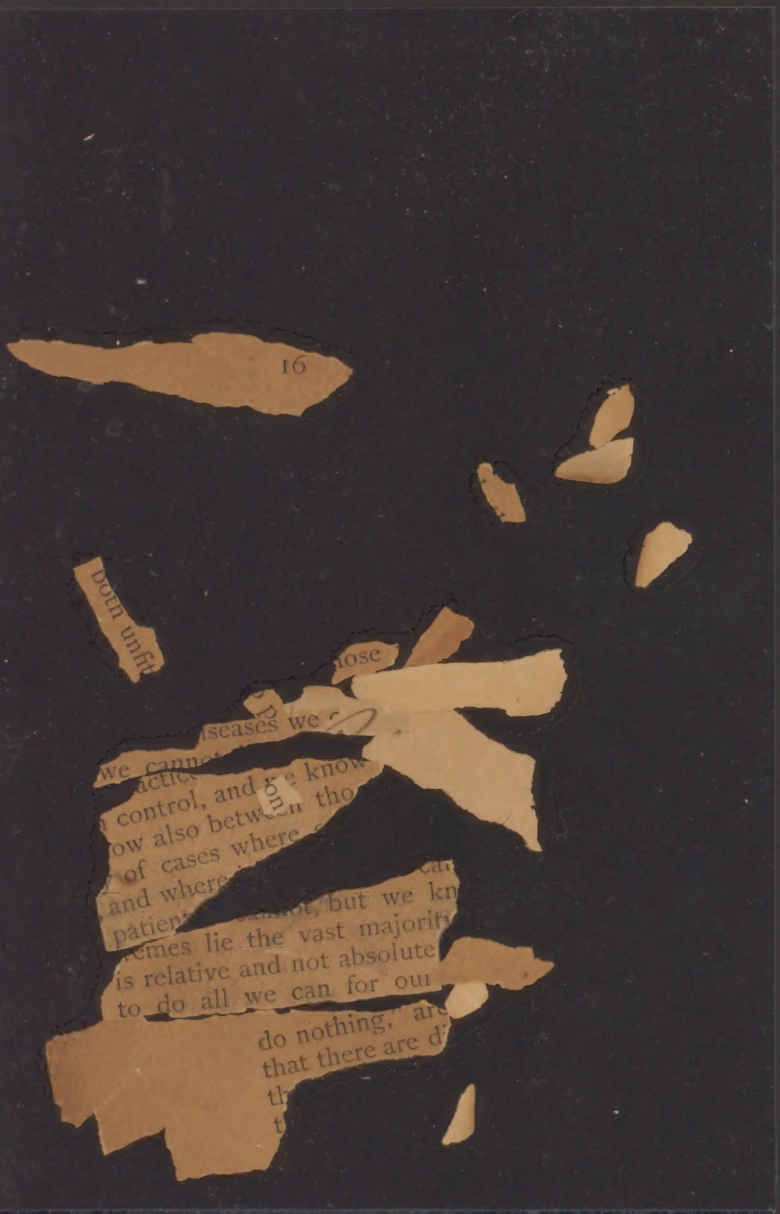
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